Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning October 1 , 2011, and ending September 30 , 20 12						
В	Check if as	loyer identification number				
	Address o	hange Minnesota Chamber of Commerce Leadership Fund	91-2118717			
\sqcup	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele	phone number			
\vdash	Initial retu	400 KODER Sueet Mortin	651-292-4650			
님	Terminate	City or town, state or country, and ZIP + 4	oup Exemption			
H	Amended		mber ▶			
<u></u>		······································	▶ ☐ If the organization is not			
_	Websit		d to attach Schedule B			
			990, 990-EZ, or 990-PF)			
						
	Check ▶	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and in the standard of the section 527 organization and in the section 500 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re-				
		e than \$50,000. A Form 990-E2 of Form 990 feturn is not required though Form 990-14 (e-postcard) may be re- Inization chooses to file a return, be sure to file a complete return.	danea (see instructions) But in			
		inization chooses to line a return, be sure to line a complete return. 5 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II				
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	_			
_			\$ 127,392			
Ŀ	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru				
		Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received	1 127,392			
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3			
	4	Investment income	4			
	5a	Gross amount from sale of assets other than inventory 5a]			
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and fundraising events				
_	а	Gross income from gaming (attach Schedule G if greater than				
Ē	1	\$15,000)				
Revenue	b	Gross income from fundraising events (not including \$ of contributions]			
æ		from fundraising events reported on line 1) (attach Schedule G if the				
		sum of such gross income and contributions exceeds \$15,000) 6b				
	С	Less: direct expenses from gaming and fundraising events 6c]			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7 (
		line 6c)	6d			
	7a	Gross sales of inventory, less returns and allowances 7a				
	b	Less: cost of goods sold	1			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule O)	8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 127,3921			
	10	Grants and similar amounts paid (list in Schedule O)	10			
	11		11			
Ś	12	Benefits paid to or for members Salaries, other compensation, and employee benefits	12 23,825			
Expenses	13	Professional fees and other payments to independent contractors	13 7,275			
ē	14	Occupancy rent utilities and maintenance	4)1 4 1,631			
Ж	15	Printing, publications, postage, and shipping	9 5 2,264			
	16	Other expenses (describe in Schedule O)	22,563			
	17	Total expenses. Add lines 10 through 16	17 57,558			
	40	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 69,834			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	35,004			
SS		end-of-year figure reported on prior year's return)	19 12,625			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20			
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 82,459			
Fo		work Reduction Act Notice, see the separate instructions. Cat No 10642	Form 990-EZ (2011)			
	···upor	TOTAL TOTAL TOTAL TOTAL CONTROL OF THE CONTROL OF T	(2011)			

	<u>` </u>					
Pa				D. 40		-
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
	Onch and and investments		-		201	
22	Cash, savings, and investments		-	7,766	23	80,532
23 24	Other assets (describe in Schedule O)			4,859		1,927
2 4 25	Total assets			12,625	-	82,459
26	Total liabilities (describe in Schedule O)		· · · · · -	12,020	26	32,100
27	Net assets or fund balances (line 27 of column		n line 21)	12,625	-	82,459
Par						-
	Check if the organization used Schedule	•		•	(Red	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O	<u> </u>			(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompl	ishments for each o	f its three largest p	rogram services.		anizations and section
as m	neasured by expenses. In a clear and concise n	nanner, describe the	e services provided	, the number of		7(a)(1) trusts, optional others)
pers	ons benefited, and other relevant information for e	ach program title.				
28						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🗆	28a	
29						
			:			
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29 a	·
30						
	/O		nto shoot been		20-	.]
24		includes foreign gra	ints, check here .		30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra			31a	
32					32	'
Par						ctions for Part IV \
	Check if the organization used Schedule					
		(b) Title and average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		sinor compensation
Joe :	Swedberg	Chair, 0.25				
400	Robert St N, Suite 1500, St. Paul, MN 55101		0		0	0
Davi	d Olson	Secretary/Treas				
400	Robert St N, Suite 1500, St. Paul, MN 55101	0.25	2,813	24	11	0
Davi	d Beito	Director, 0.25				
400	Robert St N, Suite 1500, St. Paul, MN 55101		0	<u> </u>	0	0
Stac	y Bogart	Director, 0.25				
	Robert St N, Suite 1500, St. Paul, MN 55101		0		0	0
	d Carlsen	Director, 0.25				
	Robert St N, Suite 1500, St. Paul, MN 55101		0		0	0
<u>-</u>	di Lesher	Director, 0.25	_			_
	Robert St N, Suite 1500, St. Paul, MN 55101		0	<u> </u>	0	0
~	y Morris	Director, 0.25				
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·	Schabel	Director, 0.25				•
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^	g Stang Robert St N, Suite 1500, St. Paul, MN 55101	Director, 0.25	o	J	0	o
	33101	 			┿	<u>_</u>
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·		-				
•	***	 			+	
		-				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	s ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
70a	section 4911 ► ; section 4912 ► ; section 4955 ►			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Minnesota			
42a		651-29	2-468	7
_	Located at ► 400 Robert St N, Suite 1500, St. Paul, MN 55101 ZIP + 4 ►	55101		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ./
	If "Yes," enter the name of the foreign country: ▶	12.0		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	_	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	_	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		./

Did the organization engage, directly or					Yes	No
Did the organization engage directly or			1 1 16 . 6		المستثال	110
to candidates for public office? If "Yes,"						
				•		
Check if the organization used So	chedule O to respond	l to any question in th	nis Part VI	<u> </u>	<u> </u>	<u>. </u>
				_	Yes	No
		, ,	n in effect during th		}	
			Schedule F		+-	
					+	T
	· · · · · · · · · · · · · · · · · · ·				_	<u> </u>
Complete this table for the organization'	s five highest compen	sated employees (oth	er than officers, dire	ctors, trust	ees ar	nd ke
employees) who each received more that	n \$100,000 of comper	nsation from the organ	nization. If there is no	one, enter "	None.	"
(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health benefits,	e (e) Estima	ted amo	unt of
paid more than \$100,000			benefit plans, and deferre			
		,	compensation	-		
	4					
			-			
	1					
						. 46
			contractors who ea	cn receive	a more	e tnai
			100	(c) Compens	tion	
value and address of each independent contractor p	ald more than \$100,000	(b) Type of Serv	106	(c) Compenso		
 ,						
		1				
	,					
Total number of other independent cont	ractors each receiving	over \$100,000	<u> </u>			
			and 4947(a)(1)	_	_	
''' / 						No
enalties of perjury, I declare that I have stam <u>ined this</u>	return, including accompan	ying schedules and stateme	ents, and to the best of my	knowledge a	nd belie	f, it is
rect, and complete. Declaration of program of there the	an afficar) is based on all info	armation of which property b	as any knowledge			
rect, and complete Declaration of presarer (other th	an officer) is based on all info	ormation of which preparer h	nas any knowledge	3/17		
	Section 501(c)(3) organization 501(c)(3) organizations and sect and 52, and complete the tables. Check if the organization used So Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa Is the organization a school as described Did the organization make any transfers If "Yes," was the related organization as Complete this table for the organization' employees) who each received more that (a) Name and address of each employee paid more than \$100,000 Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the org Name and address of each independent contractor paid Total number of other independent contractor paid the organization complete Schedule	Section 501(c)(3) organizations and section 4947 (a)(1) nonex and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond the organization engage in lobbying activities or have a syear? If "Yes," complete Schedule C, Part II	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt of 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable true and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in the organization engage in lobbying activities or have a section 501(h) election year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete to Did the organization make any transfers to an exempt non-charitable related organization was the related organization? Complete this table for the organization's five highest compensated employees (otherployees) who each received more than \$100,000 of compensation from the organization who expand more than \$100,000 of compensation from the organization and more than \$100,000 of compensation from the organization was expected to position (b) Title and average hours per week devoted to position (c) (c) Reportable compensation from the organization. If there is none, enter "None." Total number of other employees paid over \$100,000 Name and address of each independent contractor paid more than \$100,000 (b) Type of service of the organization of the organization. If there is none, enter "None." Total number of other independent contractor paid more than \$100,000 or the organization of the organization of the organization. If there is none, enter "None." Total number of other independent contractor paid more than \$100,000 or \$	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts of 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer of and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II. Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? (If "Yes," was the related organization as exempt non-charitable related organization? If "Yes," was the related organization as exempt non-charitable related organization? (If "Yes," was the related organization as exempt non-charitable related organization? (If "Yes," was the related organization as exempt non-charitable related organization? (If "Yes," was the related organization as exempt non-charitable related organization? (If "Yes," was the related organization as exempt non-charitable related organization? (If "Yes," was the related organization as exempt non-charitable related organization? (If "Yes," was the related organization as exempt non-charitable related organization? (If the mid average hours per week devoted to position from the organization from the organization from the organization from the organization from the organization. If there is none, enter "None." Total number of other employees paid over \$100,000 (If the propality of the organization from the organization from the organization. If there is none, enter "None." Total number of other independent contractors each receiving over \$100,000	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All set 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Is the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization aschool as described in section 527 organization? 491 Complete this table for the organization's five highest compensated employees (other than officers, directors, trust employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter " (a) Name and address of each employee paid over \$100,000 Descriptions to employee hours per week devoted to position of the employees paid over S100,000 of compensation from the organization. If there is none, enter "None." Total number of other employees paid over \$100,000 Descriptions to employee benefit plans, and deferred compensation from the organization. If there is none, enter "None." Name and address of each independent contractor paid more than \$100,000 Descriptions to employee benefit plans, and deferred compensation from the organization. If there is none, enter "None." Total number of other independent contractor paid more than \$100,000 Descriptions to employee benefit plans, and deferred compensation from the organization. If there is none, enter "None." Total number of other independent contractor paid more than \$100,000 Descriptions and 4947(a)(1)	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49 and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization as school as described in section 527 organization? (a) Name and address of each employee pad more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average hours per week devoted to position (c) Reportable compensation (c) Reportable compensation (d) Health bands: conference of the tree is none, enter "None." Total number of other employees paid over \$100,000 . Total number of other employees paid over \$100,000 . (e) Compensation (f) Type of service (e) Compensation (f) Total number of other independent contractor pad more than \$100,000 . Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)

Preparer's signature

Type or print name and title

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name

Paid

Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

Date

55101

IRS USL ONLY

29404-047-55674-3 912118717

A0168284

For assistance, call 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: April 1, 2013

Taxpayer Identification Number: 91-2118717

Tax Form: 990

Tax Period: September 30, 2012

Department of the Treasury Internal Revenue Service Ogden UT 84201

> 026476.168113.0099.002 1 AT 0.384 373 --իլեմիկոդելեմ-գրվորիիիրդիհո<u>դ</u>լեղմայիրոիկինուկ

MINNESOTA CHAMBER OF COMMERCE % ALLEN R WEISZ CFO 400 ROBERT ST N SAINT PAUL 55101-2037

026476

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT **ORGANIZATION RETURN - APPROVED**

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is May 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2011

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	etion E01(a)(2) programmetions t	that have filed Form 5768 (election und	ler section 501(h)\ (Complete Part II-A Do not co	molete Part II-B
		that have NOT filed Form 5768 (election			
		" to Form 990, Part IV, line 5 (Proxy 1			
	•		(ax) of 1 offit 550-E	L, Tart V, mic ooc (Froxy To	12), (11011
Name o	ction 501(c)(4), (5), or (6) orga of organization	mizations. Complete Fart III		Employer iden	tification number
	sota Chamber of Commerce	a Leadershin Fund		1	91-2118717
		e organization is exempt und	er section 501/		
		the organization's direct and indire			n garnzation.
1	•	~			16,750
2	Political expenditures				0
3	Volunteer hours			• • • • • • •	
Part	Complete if the	e organization is exempt und	er section 501/	~)(3)	
1		excise tax incurred by the organiza			
2		excise tax incurred by the organization			
	•	ed a section 4955 tax, did it file For	•		Yes No
3	Was a correction made?				Yes No
4a	If "Yes," describe in Part				· · Lies Lie
		e organization is exempt und	er section 501/	c) except section 501	(c)(3)
Part 1		ly expended by the filing organization			(0)(0).
•					
•		filing organization's funds contrib			
2		vities			
_		expenditures. Add lines 1 and 2.			
3					
					Ves Ne
4		n file Form 1120-POL for this year			LYes LNo
5		ses and employer identification nur			
		ents For each organization listed,			
	the amount of political co	ontributions received that were pro I fund or a political action committe	PAC) If addition	nal space is needed intov	ide information in Part IV
	as a separate segregated	Tund of a political action committee	r AO). Il additio	That space is freeded, prov	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
			<u>-</u> -	ļ. <u> </u>	
(1)					
(2)		<u></u>			
			···		
(3)					
(4)					
(5)		}			
(6)					

Dago	2

SCII	edule ((FOITH 350 OF 350-EZ) 2011					rage z		
	rt II-	section 501(h)).	·						
A	Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
В	Che	ck ► ☐ If the filing organization	checked box A	and "limited con	trol" provisions a	apply.			
		Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated		
_		(The term "expenditures"	means amounts	paid or incurred	.)	organization's totals	group totals		
-	la T	otal lobbying expenditures to influer	/ing)						
	b T	otal lobbying expenditures to influer	ice a legislative bi	ody (direct lobbyin	g)				
	c T	otal lobbying expenditures (add line	s 1a and 1b) .						
	d C	Other exempt purpose expenditures							
		otal exempt purpose expenditures (a		•					
	-	obbying nontaxable amount. Ente olumns.	er the amount f	rom the following	g table in both				
	If	the amount on line 1e, column (a) or (b	is: The lobbying	nontaxable amoun	t is:				
	N	ot over \$500,000	20% of the ar	nount on line 1e.					
	0	ver \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.				
	0	ver \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000				
	0	ver \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000				
		ver \$17,000,000	\$1,000,000						
	-	Grassroots nontaxable amount (enter	•						
		ubtract line 1g from line 1a. If zero o							
		subtract line 1f from line 1c. If zero or				<i>("</i> <i>(</i> <i>(</i> <i>(</i> <i>(</i> <i>(</i> <i>(</i> <i>(</i> <i>(</i>			
	•	there is an amount other than ze eporting section 4911 tax for this ye	_	· ·	•		☐ Yes ☐ No		
		sporting section 4911 tax for this ye	<u>ai:</u>			· · · · · · · ·			
	_	(Some organizations that columns below	made a section 5 w. See the instru	ctions for lines 2a	not have to com a through 2f on pa				
		Lobby	ing Expenditures	During 4-Year A	veraging Period				
		Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
_ 2	2a L	obbying nontaxable amount							
		obbying ceiling amount 150% of line 2a, column (e))							
	c T	otal lobbying expenditures							
	d G	irassroots nontaxable amount							
		irassroots ceiling amount 150% of line 2d, column (e))							
	f G	rassroots lobbying expenditures							

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	No	A	(b) mount	:
of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	No	A	mount	t
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?				
	i i			
h Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
b Paid staff or management (include compensation in expenses reported on lines 10 through 11)?				
c Media advertisements?	\dashv			
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	\rightarrow			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	_			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\dashv			
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912	⊢			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\dashv			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or	Sec	tion		
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	•	1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	-	-
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		l
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 and 2 answered "No" OR (b) Part III-A, lines 1 answered "No" OR (b) Part III-A,			line 3	3, is
1 Bass, assessments and annual	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
<u> </u>	2a			
b Carryover from last year	2b			
— · · · · · · · · · · · · · · · · · · ·	2c			
y (gg) og ato a mount reported in decision decision and a mount of the	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	4			
	5			
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A	۹; an	d Pan	∷II-B,	line
1. Also, complete this part for any additional information.				
Campaign Activities: Attending and contributing to statewide political organizations' fundraisers, endorsements of can	naiaa	ites.		
	•••	·		

	m 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
		•••
		•
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Minnesota Chamber of Commerc	e Leadership Fund		91-2118717
Part I, Line 16, Other Expenses:	Insurance	833	
	Technology/Website	309	
	PacNIC	1,350	
	Meetings	601	•••••
	Travel	112	
	Bank/Credit Card Fees	2,030	
	Miscellaneous	578	
	Contributions to candidate funds	100	
	Contributions to political organizations	16,650	
	Total	22,563	
	he Minnesota Chamber of Commerce Lead		
	f		
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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
	•••••
·	